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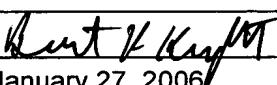
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number</td> <td style="width: 50%; padding: 2px;">09/934,320</td> </tr> <tr> <td>Filing Date</td> <td>August 21, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Craig S. Calvert et al.</td> </tr> <tr> <td>Group Art Unit</td> <td>2128</td> </tr> <tr> <td>Examiner Name</td> <td>Akash Saxena</td> </tr> <tr> <td>Total number of pages in this submission</td> <td>1</td> </tr> <tr> <td>Attorney Docket Number</td> <td>PM 99.061</td> </tr> </table>	Application Number	09/934,320	Filing Date	August 21, 2001	First Named Inventor	Craig S. Calvert et al.	Group Art Unit	2128	Examiner Name	Akash Saxena	Total number of pages in this submission	1	Attorney Docket Number	PM 99.061
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ENCLOSURES (check all that apply)

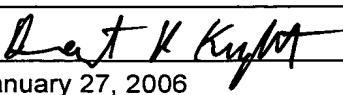
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>
		Remarks <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Brent R. Knight ExxonMobil Upstream Research Company
Signature	
Date	January 27, 2006

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

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